



CREDIT APPLICATION

Fax applications to: (408) 745-1002

Mobile Brokers Acceptance
 (408) 745-1000
 (800) 305-2014
 1298 Anvilwood Ave.
 Sunnyvale, CA 94089

Please complete, sign, and return this application to MBA along with copies of each applicant's 2 most recent pay stubs and last 2 years' W-2s. Self-employed applicants should submit copies of their last 2 complete Federal Income Tax Returns. Social Security and retirement income can be proven with check stubs/statements, or bank statements showing direct deposit.

Date	Agent	Phone Number	Down Payment Source

~ A: APPLICANT ~ INFORMATION	
FULL NAME	
BIRTH DATE	DEPENDENT CHILDREN NUMBER _____ AGES _____
SOCIAL SECURITY NO.	MARITAL STATUS: MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>
PRESENT ADDRESS	
CITY, STATE, ZIP CODE	
HOW LONG AT PRESENT ADDRESS YRS. _____ MO. _____	HOME PHONE NUMBER
RESIDENTIAL STATUS HOMEOWNER <input type="checkbox"/> PARENTS <input type="checkbox"/> RENTER <input type="checkbox"/> OTHER <input type="checkbox"/>	MONTHLY RENT / MORTGAGE
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT PRESENT ADDRESS)	
EMPLOYMENT	
EMPLOYER'S NAME	EMPLOYER ADDRESS
EMPLOYER'S BUSINESS	EMPLOYER CITY AND STATE
SALARY \$ _____ WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/>	WORK PHONE NUMBER
JOB TITLE OR OCCUPATION	HIRE DATE
PREVIOUS EMPLOYER	CITY AND STATE
DATE EMPLOYMENT FROM _____ TO _____	PHONE NUMBER
Other Income Note: Alimony, child support or separate maintenance income do not have to be revealed unless the applicant wishes to have such sources considered as basis for repayment.	
SOURCE OF OTHER INCOME	MONTHLY AMOUNT

~ B: CO-APPLICANT ~ INFORMATION	
FULL NAME	
BIRTH DATE	DEPENDENT CHILDREN NUMBER _____ AGES _____
SOCIAL SECURITY NO.	MARITAL STATUS: MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>
PRESENT ADDRESS	
CITY, STATE, ZIP CODE	
HOW LONG AT PRESENT ADDRESS YRS. _____ MO. _____	HOME PHONE NUMBER
RESIDENTIAL STATUS HOMEOWNER <input type="checkbox"/> PARENTS <input type="checkbox"/> RENTER <input type="checkbox"/> OTHER <input type="checkbox"/>	MONTHLY RENT / MORTGAGE
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT PRESENT ADDRESS)	
EMPLOYMENT	
EMPLOYER'S NAME	EMPLOYER ADDRESS
EMPLOYER'S BUSINESS	EMPLOYER CITY AND STATE
SALARY \$ _____ WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/>	WORK PHONE NUMBER
JOB TITLE OR OCCUPATION	HIRE DATE
PREVIOUS EMPLOYER	CITY AND STATE
DATE EMPLOYMENT FROM _____ TO _____	PHONE NUMBER
Other Income Note: Alimony, child support or separate maintenance income do not have to be revealed unless the applicant wishes to have such sources considered as basis for repayment.	
SOURCE OF OTHER INCOME	MONTHLY AMOUNT

PROPERTY IDENTIFICATION					
LOAN TYPE PURCHASE <input type="checkbox"/> REFINANCE <input type="checkbox"/>	SALES PRICE	OR	ESTIMATED VALUE		DOWN PAYMENT
NAME OF PARK	ADDRESS				CITY AND STATE
CURRENT SPACE RENT	# BEDROOM	# BATHS	YEAR BUILT:	MAKE	SIZE

FOR PURCHASES: Please enclose a copy of the signed purchase agreement.

FOR REFINANCE: Please enclose a copy of the most current registration on the manufactured home from the California Department of Housing.

By signing below, I/we certify that the above information is true and correct to the best of my/our knowledge. I/we give Mobile Brokers Acceptance permission to verify any information stated above (i.e. employment, income, etc.) and check my/our credit history as necessary to obtain financing.

X

Applicant Signature	Date	Co-Applicant Signature	Date
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